

MAINE STATE BOARD OF NURSING

158 State House Station
Augusta, ME 04333-0158

VERIFICATION OF PRACTICAL NURSE LICENSURE

TO _____ Board of Nursing

Name of Applicant _____
First Middle Maiden Last

Present Address _____

License number _____ Social Security number _____

Information below to be completed by Board of Nursing in your State of original licensure

High School Diploma: Yes _____ No _____ Equivalency _____

Nursing Program: Name _____

Location _____

State Accredited: Yes _____ No _____ Length of Program _____

Date of entrance _____ Date of completion _____

License number _____ Date issued _____ Date current license expires _____

Issued on the basis of examination _____ Equivalent Preparation _____

endorsement _____ a. Educational Program _____

waiver _____ b. Dates enrolled _____

Has license ever been suspended, revoked, probated, reprimanded or limited/restricted? Yes _____ No _____

If yes, please attach explanation.

*Results of State Board Test Pool Examination/NCLEX

Form Number _____

Score: _____

*Please indicate if examination was taken more than one time.

**If applicant did not write SBTPE/NCLEX, specify type of test and list subjects and grades on back.

(SEAL)

NAME _____

TITLE _____

STATE _____

DATE _____